

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CARE Membership Organization

(b) Address (number and street)

☐ check if different than previously reported

5400 N. Washington

(c) City, State and ZIP Code

Denver

CO

80216

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001770

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

(b) Communication Title

Cory Can

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Kent Singer

(b) Address (number and street)

5400 N. Washington

(c) City, State and ZIP Code

Denver

CO

80216

(d) Name of Employer or Principal Place of Business

CREA

(e) Occupation

Executive Director

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

118700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Geoffrey Hier

SIGNATURE Electronically Filed by Geoffrey Hier

DATE 10/18/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.